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Dermatology Education

# Pseudofolliculitis barbae

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## Pseudofolliculitis barbae



### **What is the cause of Pseudofolliculitis barbae?**

Pseudofolliculitis barbae (PFB) or “razor bumps” is a chronic inflammatory condition of the skin caused by shaving or plucking hairs and sometimes genetic factors. It begins in teen years as soon as shaving begins and lasts a lifetime. It is predominantly a disease of those with tightly curled and coiled coarse hair who attempt to remove it by shaving or plucking.

The term plucking refers to using tweezers, waxing, and even threading.

PFB is more commonly seen in persons of color given the biological difference of more tightly curved hairs growing out of curved hair follicles. When shaving is too close (occurs by stretching the skin), the sharpened curved hair retracts below the surface of the skin and pierces the follicle wall from inside (transfollicular penetration). If shaving is infrequent, the hair may grow back in a curve towards the skin and can poke through from the outside (transepidermal or re-entry penetration).

### **How do I know if I have pseudofolliculitis?**

Painful bumps can appear and lead to long-lasting or permanent dark spots, scars, and even keloids in the sites of inflammation. The embedded hairs may develop into pustules or become secondarily infected with bacteria. The shaved cheeks and front of the neck are usually involved while the lip and back of the neck are usually spared. Similar bumps can occur in the bikini area or the armpits but are much less common.

### **What are the best treatments for pseudofolliculitis?**

The best treatment involves not shaving or plucking. If social concerns require a smooth clean-shaven appearance, then shaving of the face must be performed daily, with a long presoak of the area with a wet facecloth to allow hairs to swell more upright and use of a shave cream. The shaving may be done with a preset low angle blade to avoid a “too-close” shave or by using a standard blade. Do not stretch the skin and always shave in the direction of hair growth rather than “against the grain”. The resultant shave may not be uniformly close. Use of hair clippers is often suggested to prevent too close shaving. Cream depilatories can be used as often as every two days, but are often difficult to use and too irritating for the skin.

Embedded hairs can be lifted with an alcohol or an antiseptically cleaned sewing needle just prior to shaving to get a proper trim. Using a rough washcloth or a small face brush before bed (if shaving is done in AM) may be enough to loosen early embedding hairs before they cause trouble.

If all reasonable efforts seem to fail, laser hair removal devices can be used for long term hair reduction by removing most of the offending hairs. To minimize adverse events, laser hair removal devices should be operated by a physician knowledgeable about treating darkly pigmented skin.

## References

1. Bradford-Love P, **Kundu RV**, editors. *Skin of Color Clinical Cases. Clinical cases in skin of color medical, oncological and hair disorders, and cosmetic dermatology* First edition, Springer, 2015.

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By 2050, more than 50% of the US population will have skin of color.

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